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GENDER-SPECIFIC OUTCOME OF EPICARDIAL ABLATION IN COMBINATION WITH THE ENDOCARDIAL APPROACH IN VENTRICULAR TACHYCARDIA PATIENTS WITH STRUCTURAL HEART DISEASE

ACC Poster Contributions
Ernest N. Morial Convention Center, Hall F
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Background: Epicardial ablation has been demonstrated to improve the long-term success rate of ventricular tachycardia (VT) ablation.

Objective: To examine gender differences at long-term follow-up of epicardial VT ablation in structural heart disease (SHD) and normal heart.

Method: Of 308 consecutive patients undergoing VT ablation (male 194, 63%), 71 (23%) had both epicardial and endocardial ablation (endo-epi), and 237 (77%) had endocardial approach only (endo).

Result: Despite a similar prevalence of endo-epi ablation among men and women [36(19%), 24(21%), p=0.593] in overall population, in patients with SHD, women more often required epicardial ablation [20(33%), 30(20%), p=0.040]. At 16±8 months follow-up, patients with SHD had higher success rate with endo-epi compared to endo ablation [24(80%), 64(57%), p= 0.028]. No such trend observed in those with normal heart [success rate- 50%, 61%, p= 0.551]. Significantly higher success with endo-epi ablation was observed among male SHD patients [87% versus 51%, p= 0.014], which was not seen in females with SHD (71% versus 77%, p 0.815). In Cox multivariate analysis, in SHD population, endo-only ablation was associated with significantly higher VT recurrence in men (hazard ratio (HR) 4.2; p = 0.023), but not in women (HR 0.87, p=0.826). Fig.

Conclusion: In male VT patients with structural heart disease, combined approach of epi- and endocardial ablation has significantly higher success rate. This is not observed in their female counterparts.